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IDAHO'S
PUBLIC HEALTH DISTRICTS

Strategic Plan 2005

2003 Report

Working for Healthy People in Healthy Communities

Health care is vital to all of us some of the time, but public health is vital to all of us all of the time.

- C. Everett Koop

Published June 2004

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WHAT IS PUBLIC HEALTH?

How would you define a healthy community? Would it be healthy if:

- The drinking water was contaminated?
- Children smoked?
- Restaurants served contaminated meat and seafood?
- Large portions of the community couldn't get health care?
- Disease outbreaks were allowed to spread?

Of course not. A healthy community is one in which the right conditions exist for people to be healthy. The water is safe to drink, everyone has access to personal health care, individuals are informed about health risks and act on that knowledge, and communicable disease is quickly identified and confined.

A community's first line of defense against health threats is not individual medical care. It is something less visible and harder to define – something we call public health. The goal of public health is to ensure that the conditions exist in our communities for people to be healthy.

Public health services generally operate at a community-wide level rather than an individual level. They include monitoring community health, investigating disease, informing and educating the public, enforcing health and safety laws, and linking people to or providing health care when access is limited.

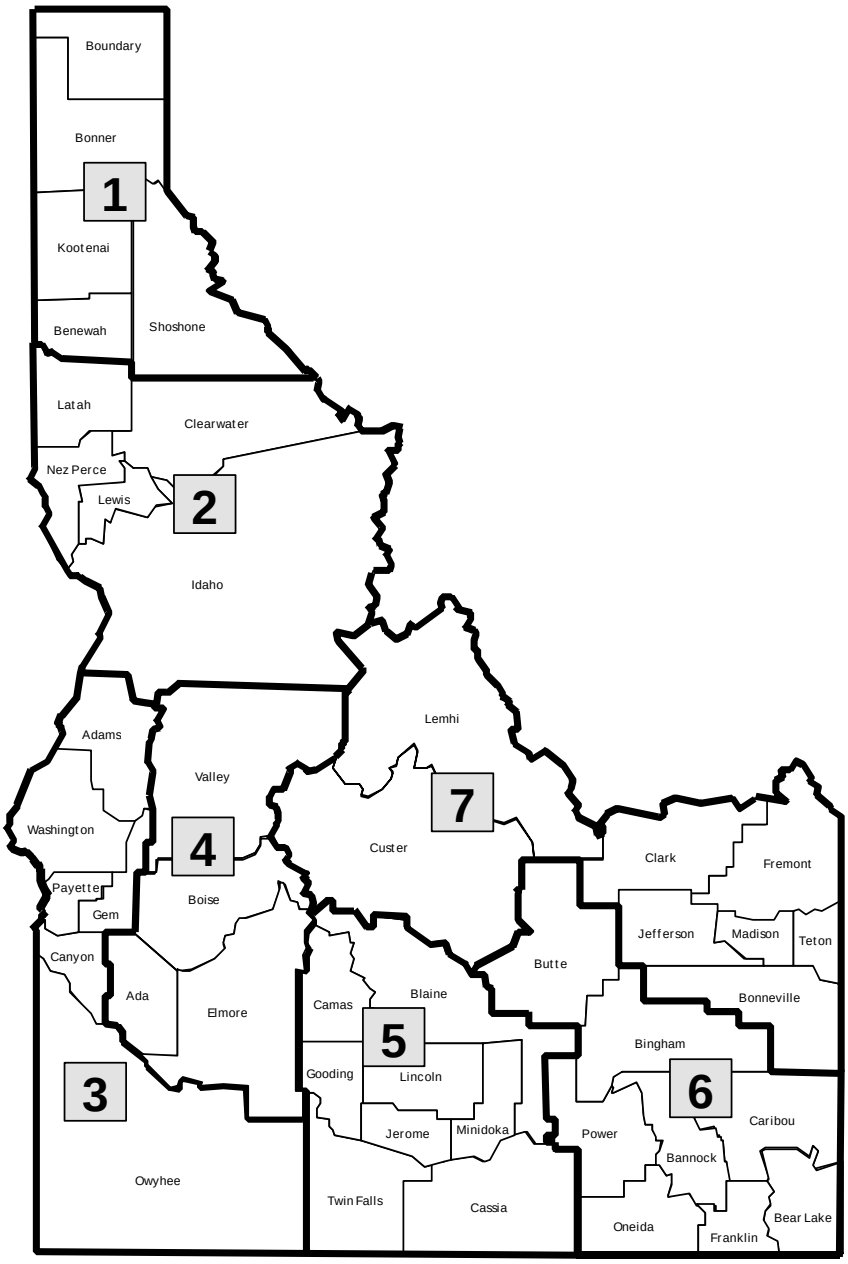
Public health is not simply individual medical care funded with public dollars. Public health uses a very different approach to health problems. It involves many public and private entities, including the Public Health Districts, hospitals, state agencies, nonprofit groups and more; and it is primarily preventive, attempting to address problems at their source.

Even when public health plays a role in individual health care, such as in immunizations, it is less concerned with giving actual shots than with improving overall community immunity levels. In another example, public health provides clinical services to populations at risk for certain communicable diseases. This not only enhances the health of the individuals directly served, but also protects the health of the entire population by reducing the potential for spread of infection throughout the community.

Public health services are essential for healthy communities.

TEN ESSENTIAL PUBLIC HEALTH SERVICES	
1	Monitor health status
2	Diagnose and investigate health problems
3	Inform, educate, and empower people about health issues
4	Mobilize community partnerships
5	Develop policies to achieve health goals
6	Enforce laws to protect health
7	Link people to or provide needed services
8	Assure competent public health workforce
9	Evaluate health services
10	Research solutions

IDAHO PUBLIC HEALTH DISTRICTS



District 1	District 2	District 3	District 4	District 5	District 6	District 7
Benewah	Clearwater	Adams	Ada	Blaine	Bannock	Bonneville
Bonner	Idaho	Canyon	Boise	Camas	Bear Lake	Clark
Boundary	Latah	Gem	Elmore	Cassia	Bingham	Custer
Kootenai	Lewis	Owyhee	Valley	Gooding	Butte	Fremont
Shoshone	Nez Perce	Payette		Jerome	Caribou	Jefferson
		Washington		Lincoln	Franklin	Lemhi
				Minidoka	Oneida	Madison
				Twin Falls	Power	Teton

* *See Appendix A for contact information about the Public Health Districts.*

THE ROLE OF THE PUBLIC HEALTH DISTRICTS

The Public Health Districts were created by the Idaho Legislature in 1970 to insure that essential public health services were available to protect the health of all citizens of the State – no matter how large their county population. Each of the seven Public Health Districts is governed by a Board of Health composed of seven to eight members appointed by the county commissioners from that district. Each Board of Health defines the public health services to be offered in its district based on the particular needs of the local populations served. They also employ a director to oversee the daily operations of the district.

While Idaho's Public Health Districts are locally based, we share a common vision and mission. Our vision is "healthy people in healthy communities." Our mission is to:

- prevent disease, injury, disability, and premature death
- promote healthy lifestyles, and
- protect and promote the health and quality of Idaho's environment

Although services vary depending on local need, all seven districts provide the essential services that assure healthy communities. These may include:

- monitoring health status by developing reports that call attention to emerging health problems
- investigating health hazards, such as potential communicable disease outbreaks
- empowering people to make good health choices through education, such as the importance of seatbelt use and safe food handling practices
- linking people to needed health services or providing them directly if access is limited, as with reproductive health services or immunizations
- enforcing laws to protect health, such as inspecting public swimming pools

The work of the Public Health Districts is often invisible. If we prevent a disease outbreak, it cannot be seen. If we save lives by encouraging people to wear safety belts or by providing a health screening, those services are invisible. Only when they disappear do we realize how important public health services are.

The Public Health Districts receive income from three sources. We receive about 36% of our income from the counties, the State General Fund, and State Millennium Fund. We earn about 25% in fees and another 39% from service contracts. We work hard to use these funds efficiently.

Idaho is fortunate to have a strong system of Public Health Districts – one that is the envy of many other states. The Districts play a critical role in improving and maintaining the health of Idaho citizens.

AN OVERVIEW OF OUR PLAN

Strategic Plan 2005 is the Public Health Districts' health promotion agenda for the years 2000 – 2005. It is based on Healthy People 2010, the nation's health promotion agenda released in January 2000.

The Plan identifies eleven health indicators and related goals, summarized on the following page. Under each goal, we discuss the challenges to achieving it in Idaho and describe health trends for the past few years. Finally, we define the Public Health Districts' plan and strategies for meeting the challenges and progressing toward the goal.

Seven of the goals involve promoting healthy behaviors, such as increasing physical activity and reducing tobacco use. These are especially important because unhealthy behaviors account for nearly half the premature deaths in Idaho.

The Districts will use a variety of strategies to help Idahoans modify their behaviors. For instance, we will offer tobacco cessation classes for adults and teens. We will distribute child safety seats and bicycle helmets and provide information on their proper use. We will counsel on nutrition and physical activity in our clinics. We will encourage immunization of children.

Other strategies will be used to address environmental concerns and access to care. To assure food safety, the Public Health Districts will inspect restaurants and train food handlers. We will work with childcare facilities to reduce children's exposure to secondhand smoke in that environment. We will assure Idahoans have access to health care by providing reproductive health clinics and cancer screening for women over 40.

7 out of 10 premature deaths could be prevented by reducing unhealthy behaviors and environmental threats.

- The National Institute of Medicine

Strategic Plan 2005 is a road map for Public Health District activities for the years 200-2005. It is also a tool for us to measure our efforts and to provide accountability to the public we serve. The following pages describe our goals and strategies in detail.

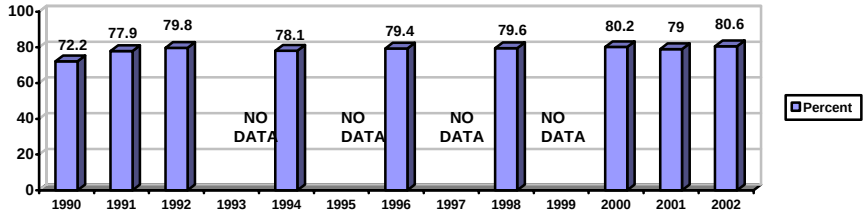
STRATEGIC PLAN 2005

	Health Indicators	Goals
1.	Physical Activity	Improve health, fitness, and quality of life through daily physical activity
2.	Overweight and Obesity	Promote health and reduce chronic disease associated with diet and weight
3.	Tobacco Use	Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke
4.	Substance Abuse	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children
5.	Responsible Sexual Behavior	Promote responsible sexual behaviors
6.	Mental Health	Improve mental health and ensure access to appropriate, quality mental health services
7.	Injury and Violence	Reduce injuries, disabilities, and death due to unintentional injuries and violence
8.	Environmental Health	Promote health for all through a healthy environment
9.	Immunizations	Reduce or eliminate vaccine-preventable disease
10.	Access to Health Care	Improve access to comprehensive, high-quality health care services
11.	Public Health Infrastructure	Ensure that Idaho's Public Health Districts have the infrastructure to provide essential public health services effectively

PHYSICAL ACTIVITY

GOAL 1 – *Improve health, fitness, and quality of life through daily physical activity*

GRAPH – Idaho Adults Who Engage in Leisure-Time Physical Activity, 1990-2002



Idaho 1998 Baseline – 79.6% of adults engaged in leisure-time physical activity, not age adjusted
Idaho 2005 Target - 82% of adults engage in leisure-time physical activity, not age adjusted
Healthy People 2010 Target - 80% of adults engage in leisure-time physical activity

SOURCE: Idaho Behavioral Risk Factor Surveillance System, BHPVS, DHW

THE CHALLENGE - Research has demonstrated that virtually all individuals will benefit from regular, moderate physical activity. On the average, physically-active people outlive those who are inactive. Regular physical activity also enhances the quality of life for people of all ages and helps to maintain the functional independence of older adults. It is important to note that while any physical activity can be beneficial, it is recommended that adults engage in moderate physical activity for 30 minutes a day, at least five times a week. The Healthy People 2010 goal is for 30% of adults to be meeting that recommendation.

In Idaho since 1988, the percent of people who report "no leisure-time activity" ranged from a high of 27.8% in 1990, to a low in the year 2002 of 19.4%. While it is encouraging that more people report engaging in leisure time activity, it does not necessarily mean that they are meeting the Healthy People 2010 goal.

With respect to adolescents, the 2003 Youth Risk Behavior Survey (YRBS) reported that 66.4% of all high school students (grades 9-12) reported they exercised or participated in physical activities that made them sweat and breathe hard for at least 20 minutes on three or more of the previous seven days. However, male students (72.1%) were significantly more likely than females (60.3%) to have done so. Based upon this data, Idaho's adolescents are below the Healthy People 2010 goal of 85%.

OUR PLAN - The Public Health Districts will continue to focus efforts in four directions during the next two years. First, we will support the regular, systematic collection of data about the levels of physical activity of Idaho youth, and we will communicate that information to policy makers and the public. Second, we will promote regular, moderate physical activity among Public Health District clients and staff. Third, both the diabetes and injury prevention programs of the Public Health Districts will be focusing on regular physical activity as a disease management and preventive strategy. Finally, as physical activity receives more and more attention as a chronic disease prevention "tool," the Public Health Districts will be on the alert for funding opportunities to address this critical issue.

OUR PROGRESS - Encouragingly, the YRBS was conducted among a representative sample of Idaho's adolescents again during 2003, the second time since 1995. This survey is critical, as it provides an overview of the health-related and risk-taking behaviors of Idaho's youth. The data indicate that Idaho youth are approximately 19% below the Healthy People 2010 target for regular physical activity.

Districts have actively provided educational information about the many benefits of regular physical activity to Family Planning and Women, Infants, and Children (WIC) clients. In fact, 100% of these clients received such education during 2003. In addition, 64% of PHD staff report engaging in regular physical activity.

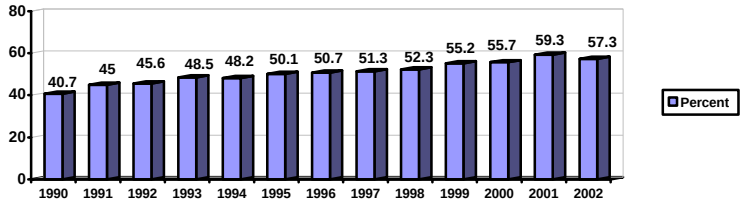
PHYSICAL ACTIVITY

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress				
			01	02	03	04	05
1.1 Increase the percent of adolescents who engage in vigorous physical activity 3 or more times per week 1995 Baseline: 66.4% (YRBS) 2002: 67% 2003: 66.4%	Advocate for issues surrounding adolescent physical activity	Number of advocacy efforts statewide *Target: 20*	31	30	16		
1.2 Increase the percent of adults who engage in leisure time physical activity 1998 Baseline: 79.6% (BRFSS) 2000: 80.2% 2001: 79% 2002: 80.6%	Promote physical exercise among public health clients	Percent (and number) of Public Health District clients in WIC and Family Planning receiving physical fitness information *Target: 50% (25,000)*	94% (56,855)	100% (62,378)	100% (56,687)		
	Promote physical exercise among Public Health District staff	Percent (and number) of staff who engage in regular physical activity *Target: 33% (245)*	67% (439)	48% (368)	64% (420)		
	Gather and assess data and communicate trends to policy makers and the public	Number of efforts *Target: 1*	25	28	21		

OVERWEIGHT AND OBESITY

GOAL 2 - *Promote health and reduce chronic disease associated with diet and weight*

GRAPH – Percent of Adult Idahoans Who Are Overweight, 1990-2002*



* Body mass index (or BMI) greater than or equal to 25.0 for both men and women. BMI is defined as weight in kilograms divided by the square of height in meters.

Idaho 1998 Baseline - 52.3% of adults, aged 18 years and older, were overweight, not age adjusted
Idaho 2005 Target - 51% of adults, aged 18 years and older, not age adjusted
Healthy People 2010 Target - 60% of adults, aged 20 years and older, were a *healthy weight* (defined as a BMI equal to or greater than 18.5 and less than 25)

SOURCES: Idaho Behavioral Risk Factor Surveillance System, BHPVS, DHW

THE CHALLENGE – Overweight and obesity are major contributors to many preventable causes of death. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gall bladder disease, sleep apnea, osteoarthritis, respiratory problems, and some types of cancers.

Weight gain occurs when a person eats more calories from food than he or she expends, for example, through physical activity. This balance between energy intake and output is influenced by a person's metabolism and genetics as well as by physical activity and dietary behaviors. Environmental, cultural, and socioeconomic components also play a role.

As is clear from the accompanying graph, the number of overweight people in Idaho has steadily increased over the past 12 years. While 40.7% of Idahoans were overweight in 1990, 59.3% were overweight in 2001. This trend mirrors the national trend.

Halting and then reversing the trend in Idaho will require a behavioral change for over half the population of the State – a major undertaking. Fortunately, BRFSS data for 2002 shows a lower figure of 57.3% of Idahoans being overweight, two percentage points lower than the previous year. It would be hoped that this is the beginning of a downward trend in this area.

A similar increase in overweight and obesity in the past decade or so has been observed across the nation in children above age six years in both genders. But the 2003 Idaho Youth Risk Behavior Survey (YRBS) indicates that 30.1% of students describe themselves as slightly or very overweight, a decrease of 1.9 percentage points as compared to the 2001 YRBS data.

OUR PROGRESS – The Public Health Districts strive to provide nutrition and exercise information to as many clients as possible. During 2003, 56,687 (or 100%) of WIC Program and Family Planning clients received nutrition and exercise information.

In a continuing effort to reduce chronic disease associated with diet and weight, the Public Health Districts also aim to assist in confining the diabetes prevalence rate by providing media messages about diabetes and by providing diabetes community events. During 2003, 80 media messages about diabetes and 129 diabetes community education events (serving an estimated 4,099 people) were provided throughout Idaho by the Public Health Districts.

Public Health District programs will continue to address the challenges of obesity and overweight by providing nutrition and exercise information to Public Health District clients and by disseminating educational information to increase the awareness in Idaho of the threat of diabetes to the health of Idahoans.

OUR PLAN – The staff of the Public Health Districts will work to increase the percentage of Idaho adults who are at a healthy weight by providing nutrition and exercise information to Public Health District clients.

Staff will hold community education events on diabetes to provide nutrition, physical activity, and weight maintenance messages. The Public Health Districts will also develop and disseminate media messages on the relationship of diabetes and diet.

OVERWEIGHT AND OBESITY

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
2.1 Reduce the percent of adults who are overweight 1998 Baseline: 52.3% (BRFSS) 2000: 55.7% 2001: 59.3% 2002: 57.3%	Provide nutrition and exercise information to Public Health District WIC and Family Planning clients	Percent (and number) of WIC and Family Planning clients who receive nutrition and exercise information *Target: 50% (25,000)*	100% (50,358)	100% (62,378)	100% (56,687)		
2.2 Confine the diabetes prevalence rate 1998 Baseline: 4.3% (BRFSS) 2000: 4.9% 2001: 5.4% 2002: 6.1%	Provide media messages about diabetes	Number of media messages about diabetes *Target: 21*	90	101	80		
	Provide diabetes community events	Number of diabetes community education events *Target: 28*	131	118	129		
		Estimated number of people served at those events *Target: 280*	5,950	3,089	4,099		

ESTIMATE YOUR OWN BODY MASS INDEX (BMI)

Your Weight in Pounds
Your Height in Inches x Your Height in Inches

x 704.5 = Your Body Mass Index

EXAMPLE

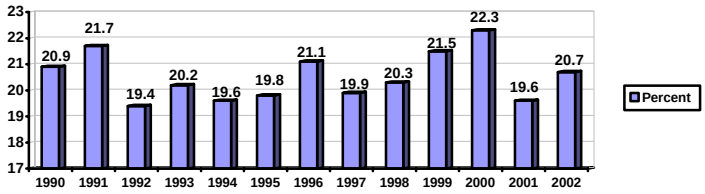
140 lbs./66”x66” = 140/4356 = .03214 x 704.5 = 22.64

A healthy weight is a BMI between 18 and 25

TOBACCO USE

GOAL 3 – *Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke*

GRAPH – Cigarette Smoking in Idaho, 1990-2002*



*Percent of Idaho adults, aged 18 years and older, who smoked more than 100 cigarettes in their lifetime and smoked on some or all days in the past month

Idaho 1998 Baseline - 20.3% of adults, aged 18 years and older, who smoked, not age adjusted
Idaho 2005 Target - 18% of adults
Healthy People 2010 Target - 12% of adults who smoke

SOURCES: Idaho Behavioral Risk Factor Surveillance System, BHPVS, DHW

THE CHALLENGE – Tobacco use is the single most preventable cause of death and disease in our society. In fact, the over 400,000 deaths attributed to tobacco use annually are far more than those caused by illegal drugs, homicides, suicides, AIDS, motor vehicle accidents, and alcohol combined.[1]

There are approximately 1,600 tobacco-related deaths each year in Idaho. Tobacco accounts for over 30% of all cancer deaths and deaths due to heart and lung diseases. Health problems related to smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Despite these risks, many people start smoking each year.

In Idaho, tobacco use among adults has stayed consistent at approximately 20% over the past 10 years. According to a 2003 Youth Risk Behavior Survey, 43% of Idaho students (9th through 12th grades) self-reported that they had tried smoking. Fourteen (14%) report smoking cigarettes everyday for the last 30 days. These numbers are disturbing as most people begin tobacco use in early adolescence. [2]

OUR PROGRESS - The Public Health Districts and partners provided free tobacco cessation classes to 1,713 clients in 2003. Five hundred forty-two (542) adults or 42% and one hundred eighty-six (186) youth or 49% quit smoking after attending classes.[3] The Public Health Districts also provided education and information to 14,947 teens, as well as 11,024 WIC and Family Planning clients. The Public Health Districts will continue to provide education to teens, WIC, and the general public.

OUR PLAN – The Public Health Districts will work with our community partners to institute a comprehensive tobacco use reduction program in Idaho. We will target adults and adolescents with formal tobacco cessation programs and provide tobacco cessation information to Public Health District clients. Prevention and education efforts will continue to target children and adolescents. Finally, Public Health District staff will inform childcare facilities about how to protect children from secondhand smoke.

[1] Office of Smoking and Health, Centers for Disease Control and Prevention (CDC).
[2] Youth Risk Behavioral Survey (YRBS) 2003.
[3] Center for Health Policy, Boise University.

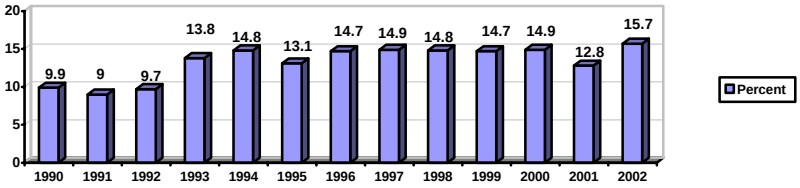
TOBACCO USE

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
3.1 Reduce tobacco use by adults 1998 Baseline: 20.3% (BRFSS) 2000: 22.3% 2001: 19.6% 2002: 20.7%	Provide formal tobacco cessation education for adults	Number of adults who participate *Target: 600*	1,575	1,478	1,332		
		Percent (and number) not smoking by end of classes *Target: 2% (12)*	30.4% (479)	38% (530)	41% (542)		
	Provide Family Planning and pregnant WIC clients with tobacco cessation information	Percent (and number) of Public Health District clients who smoke receive information *Target: 100%*	100% (13,987)	100% (7,857)	100% (11,024)		
3.2 Reduce tobacco use by adolescents 1995 Baseline: 27.1% (YRBS) 2001: 19% 2002: 19% 2003: 14%	Hold tobacco prevention events targeting youth	Number of events held *Target: 35*	223	283	119		
		Estimated number of teens served *Target: 350*	18,912	34,502	14,974		
	Provide tobacco cessation education for teens	Number of teens who receive education *Target: 150*	412	456	381		
		Percent (and number) not smoking by end of classes *Target: 2% (12)*	25% (105)	35% (161)	49% (186)		
	Advocate for issues surrounding tobacco use	Number of advocacy efforts *Target: 20*	37	117	142		
3.3 Encourage laws to prohibit smoking inside childcare facilities 1998 Baseline: None	Inspect childcare facilities	Percent (and number) of childcare facilities inspected *Target: 100% (1,900)*	100% (2,285)	100% (2,970)	99% (3,321)		
	Gather information on smoke-free policies in childcare centers	Percent (and number) of childcare facilities that are smoke-free *Target: 50% (950 by 2005)*	No Data available	66% (1,251)	81% (2,593)		
	Provide smoke-free indoor air information to childcare facilities	Percent (and number) of facilities receiving information *Target: 100% (1,900)*	No Data available	56% (1,064)	54% (1,681)		
	Provide information on importance of smoke free centers to policy makers/media	Number of advocacy efforts *Target: 7*	10	15	2		

SUBSTANCE ABUSE

GOAL 4 – *Reduce substance abuse to protect the health, safety, and quality of life for all, especially children*

GRAPH – Binge Drinking in Idaho Adults, 1990-2002*



*Idaho adults who consumed five or more drinks of alcohol on one or more occasions in the past 30 days

Idaho 1998 Baseline - 14.8% of adults, aged 18 years and older
Idaho 2005 Target - 11% of adults
Healthy People 2010 Target - 6% of adults, aged 18 years and older

SOURCES: Idaho Behavioral Risk Factor Surveillance System, BHPVS, DHW

THE CHALLENGE – Substance abuse and its related problems are among society's most pervasive health and social concerns. Heavy drinking, for instance, increases risk for liver disease, high blood pressure, heart disease, and stroke. It is also linked with a substantial percentage of injuries and deaths from motor vehicle crashes, falls, fires, homicides, domestic violence, and child abuse.

Binge drinking by adults was high at 15.7 % in 2002, while it was even higher among Idaho high school students at 23%. Alcohol use and alcohol-related problems were common among adolescents. In fact, nationwide, alcohol is the drug most frequently used by adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. Approximately 40% of those who start drinking at age 14 years or under develop alcohol dependence at some point in their lives.[1]

Drug use reported by Idaho adults is relatively low. Marijuana is the most commonly used illicit drug. In 2001, 5.8% of Idaho adults reported using marijuana for non-medicinal purposes within the past year, while 17.5% of high school youth reported using it.

OUR PROGRESS – Reported binge drinking by Idaho adults has remained relatively constant since 1996 at around 15%, which is over double the Healthy People 2010 objective of 6%. However, on a positive note, the Public Health Districts, together with other partners, were successful in 2001 at getting the YRBS into Idaho schools. This survey provided a baseline for youth substance use. The Public Health Districts presented this baseline and trend data for adults to policy makers and the public in two formal reports. The Public Health Districts also provided education on the importance of avoiding substance use to 100% of pregnant clients (17,816).

OUR PLAN – The Public Health Districts will continue to monitor/communicate alcohol and other drug use trends in Idaho, promote continuation of the biannual YRBS survey in the schools, and focus efforts on educating pregnant Public Health District clients on the risks of substance use.

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[1] Grant, FG and Dawson, DA, "Age at Onset at Alcohol Use and its Association with DSM-IV Alcohol Abuse and Dependence," *Journal of Substance Abuse* 9:103-110, 1997.

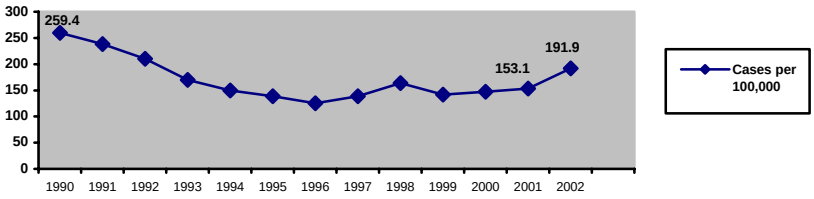
SUBSTANCE ABUSE

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
4.1 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women 1998 Baselines: 99% abstained from alcohol; 87% from tobacco (IVSS) 2000: 99.3% abstained from alcohol; 87.4% from tobacco 2002: 99.6% abstained from alcohol; 89.5% from tobacco	Provide alcohol and illicit drug education to pregnant Public Health District clients in WIC and Family Planning programs	Percent (and number) of pregnant Public Health District clients who receive alcohol and illicit drug education in WIC and Family Planning programs *Target: 80% (10,000)*	100% (17,033)	100% (16,553)	100% (17,816)		
4.2 Reduce the percent of persons engaging in binge drinking of alcoholic beverages during the past month **1998 Adult Baseline**: 14.8% (BRFSS) 2000: 14.9% 2001: 12.8% 2002: 15.7% **2002 Adolescent Baseline:** 27% (YRBS) 2003: 23%	Assess adult and adolescent binge drinking data and communicate trends to policy makers and the public Advocate for issues surrounding adolescence and substance abuse.	Number of reports issued *Target: 7* Number of advocacy efforts *Target: 14*	7 12	5 6	2 2		

RESPONSIBLE SEXUAL BEHAVIOR

GOAL 5 - *Promote responsible sexual behaviors*

GRAPH- Chlamydia Incidence in Idaho, 1991-2002



Idaho 1998 Baseline- 164.3 per 100,000 people
Idaho 2005 Target- fewer than 140 per 100,000 people
Healthy People 2010 Target- no comparable objective
SOURCES: Idaho Sexually Transmitted Disease Facts Book, BCPS, DHW

THE CHALLENGE – Sexually transmitted diseases (STDs) and unintended pregnancies can result from unprotected sexual behaviors.

STDs have historically been and continue to create a significant public health problem that remains largely unrecognized by the general public. The majority of STDs are initially asymptomatic, producing either very mild or no symptoms. Individuals are not cued by symptoms to seek medical care, and yet they are contagious to others. In the absence of early detection, infections can progress to critical levels, which involve costly interventions to resolve and have irreversible implications for the individual including infertility, tubal pregnancy, cancer, stroke, and death in infants born to infected mothers.

The Centers for Disease Control and Prevention (CDC) estimate that 850,000 to 950,000 U.S. residents are living with HIV infection, one-quarter of whom are unaware of their infection. Approximately 40,000 new HIV infections occur each year in the U.S., about 70% among men and 30% among women. Of these newly infected people, half are younger than 25 years of age. The majority of these cases are infected through unprotected sexual behavior.

The majority of unintended pregnancies are a result of unprotected sexual behaviors. Unintended pregnancies can have serious public health consequences. They are associated with late or inadequate prenatal care, low birth weight, neonatal death, poor child health, and fetal exposure to drugs and alcohol. Half of all pregnancies in the U.S. are unintended. The rates remain highest among women aged 20 years or younger and women aged 40 years and older.

OUR PROGRESS – The combined seven Public Health Districts met or exceeded all but one objective related to responsible sexual behavior. We fell 10% below our targeted number of 4,000 aged 15-17 year olds served in Family Planning clinics. There was an increase in the number of people tested for chlamydia in public health clinics and in epidemiological follow-up of positive cases. The incidence rate of chlamydia for the state (as depicted in graph) increased over the baseline of 164.3/100,000 to 191.9/100,000. This is the highest reported incidence rate of chlamydia in Idaho since 1992. Seventy-eight percent of Idaho's 2002 chlamydia cases were diagnosed in the 15-24 year old population. In 2002, Idaho's HIV incidence rate remained at 2.3/100,000, the lowest level since Idaho began reporting in 1986. The positivity rate for HIV testing in Idaho for 2002 is 0.3%.

The Public Health District staff continues to aid in decreasing the rate of pregnant adolescent females (15-17 year olds) through responsible sexual behavior counseling provided in family planning clinics, abstinence-based programming and STD prevention education in schools. The pregnancy incidence rate per 1000 females in Idaho in 2002 is 22.6 among 15-17 year olds as compared to U.S. data that shows a 43.4/1000 incidence rate among the same age group.

OUR PLAN – Prevention remains the most cost effective strategy for decreasing the burden of unplanned pregnancies and sexually transmitted diseases. Education is the primary tool for disseminating information regarding responsible sexual behavior. The Public Health Districts will continue to be available to health care providers, teachers, and local community groups who may request professional staff to address the epidemiology of

these concerns. Education will continue to be a high priority in the clinic setting. The Public Health Districts will continue to provide screening tests for sexually transmitted diseases for those individuals who fall into high risk targeted populations. Providing pregnancy screening can precipitate a pregnant woman into earlier prenatal care. Screening and treatment are cost-effective strategies, which seek to mitigate disease burden when prevention strategies are unsuccessful.

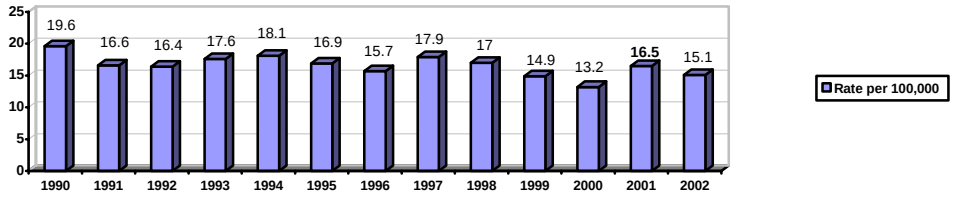
RESPONSIBLE SEXUAL BEHAVIOR

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress				
			01	02	03	04	05
5.1 Reduce pregnancies among adolescent females 1998 Baseline: 29.0/1,000 females aged 15-17 (IVSS) 2000: 24.9/1,000 2001: 22.5/1,000 2002: 22.6/1,000	Provide responsible sexual behavior counseling in family planning clinics	Number of people (male and female) seen in family planning clinics *Target: 30,000*	32,576	33,689	32,786		
	Provide counseling to women age 15-17 in family planning clinics	Percent (and number) of women age 15-17 counseled *Target: 100% (4,000)*	100% (3,653)	100% (3,928)	100% (3,570)		
	Provide events that promote responsible sexual behavior among youth	Number of events *Target: 200*	929	890	1,099		
		Estimated number of people served *Target: 20,000*	42,906	41,568	38,764		
5.2 Reduce the incidence of chlamydia infections 1998 Baseline: 164.3/100,000 (BCPS) 2000: 147/100,000 2001: 153.1/100,000 2002: 191.9/100,000	Provide testing for chlamydia	Number of people tested in clinics *Target: 15,000*	15,405	14,234	14,514		
	Provide follow-up services as needed	Percent (and number) of cases with epidemiological follow-up *Target: 100% (300)*	100% (1,107)	100% (994)	98% (1,214)		
5.3 Confine the prevalence of HIV infection 1998 Baseline: 3.3/100,000 (BCPS) 2000: 4.6/100,000 2001: 2.3/100,000 2002: 2.3/100,000	Provide HIV testing and counseling, targeting high risk clients	Number of tests performed in District clinics *Target: 3,000*	3,924	2,908	2,607		
		Number (and percent) of clients tested who are high risk *Target: 3,000* (85%)	2,937 (75%)	2,160 (74%)	1,925 (74%)		

MENTAL HEALTH

GOAL 6 – *Improve mental health and ensure access to appropriate, quality mental health services*

GRAPH – Idaho Suicide Rate, 1990-2002



Idaho 1998 Baseline - 17.0 suicides per 100,000 population
Idaho 2005 Target - 13.0 deaths per 100,000 population
Healthy People 2010 Target - 6.0 deaths per 100,000 population

SOURCES: Idaho Vital Statistic System, BVRHS, DHW
National Vital Statistics System, NCHS, CDC

THE CHALLENGE - Mental illness affects approximately 20% of Americans each year, and no one is immune. It can affect children, adolescents, adults, and senior citizens of all ethnic and racial groups; both genders; and people at all educational and income levels.

Of all mental illnesses, depression and anxiety disorders are the most common. In fact, major depression is the leading cause of disability and leads to two-thirds of suicides each year. Fortunately, available medications and psychological treatments, alone or in combination, can help 80% of those with depression. However, lack of insurance coverage, low insurance reimbursement rates, and the stigma of depression prevent many from seeking care.

Further, it is known that one extreme manifestation of depression – suicide – occurs in Idaho at a rate consistently higher than the national rate. In Idaho, suicide continues to be the second leading cause of death among young people age 15-24 years, and it is the ninth leading cause of death overall (Vital Statistics, 2002).

The 2003 Youth Risk Behavior Survey (YRBS) indicates that one in four high school students reported that in the previous 12 months they felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. Even more alarming is that the 12-month average rate of suicide attempts is currently 9% (as reported by the YRBS); the Healthy People 2010 goal is 1%.

OUR PLAN - During the next two years, Public Health District staff will continue to assess mental health issues and existing suicide data in Idaho and will communicate information to policy makers and the public. We will also identify gaps in the data and encourage collection of information in these areas.

OUR PROGRESS - While the age-adjusted suicide rate decreased slightly from 2001 to 2002, from 16.5 per 100,000 people to 15.5, the rate remains considerably higher than the U.S. rate of 10.6. On a positive note, questions related to mental health continue to be included in the Behavioral Risk Factor Surveillance System (BRFSS), allowing for collection of data that can help to assess gaps in the mental health care delivery system. In addition, the YRBS was conducted among a representative sample of Idaho's adolescents during 2003, for the second time since 1995. This survey is critical in assessing mental health issues among adolescents.

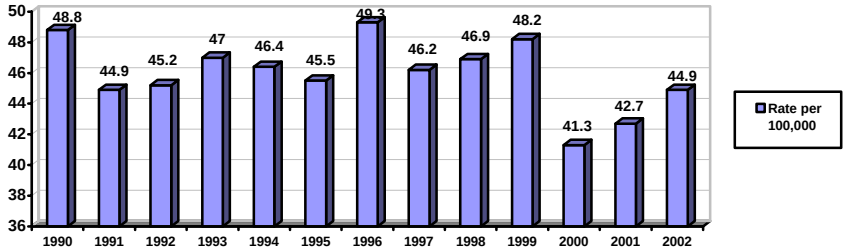
MENTAL HEALTH

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
6.1 Reduce suicide rate **1998 Baseline all ages:** 17.0 (IVSS) 2000: 13.2 2001: 16.5 2002: 15.1 **Age 15-24** (IVSS) 2001: 22.5 2002: 14.5	Communicate trends in suicide to policy makers and the public	Number of efforts *Target: 7*	3	2	3		
	Introduce question on BRFSS about use and access to mental health services	Number of mental health survey questions on statewide questionnaire *Target: 1*	12	12	N/A completed		
	Communicate trends in mental health to policy makers and the public	Number of efforts *Target: 7*	6	6	4		
	Advocate for issues surrounding adolescent mental health	Number of advocacy efforts *Target: 7*	8	5	3		

INJURY AND VIOLENCE

GOAL 7 – *Reduce injuries, disabilities, and death due to unintentional injuries and violence*

GRAPH – Unintentional Injury Mortality Rate, 1990-2002



Idaho Baseline 1998- 46.9 deaths per 100,000 population
Idaho 2005 Target - 40 deaths per 100,000 population
Healthy People 2010 - 20.8 deaths per 100,000 population

SOURCES: Idaho Vital Statistics System, BHPVS, DHW

THE CHALLENGE – More Idahoans, aged 1-44 years, die as a result of unintentional injuries than any other cause of death. In 2002, 602 Idahoans died as a result of unintentional injuries including motor vehicle crashes, falls, drownings, and poisonings.

Motor vehicle crashes account for approximately half the deaths from unintentional injuries. In 2002, motor vehicle crashes killed 294 Idahoans. This represents an age-adjusted rate of 21.9 deaths per 100,000 people compared to 15.4 for the nation. Consistent use of safety restraints could decrease this mortality by up to 50%. Research shows that states with primary seat belt laws have usage rates that are at least 11% higher than states like Idaho with weaker secondary laws.

Falls are the third leading cause of unintentional injury death and a serious problem for the elderly population. In 2002, 67 Idahoans died from falls.

Increasingly, violence also threatens the health and quality of life for many Idahoans each year. In 2002, there were 5,917 domestic violence reports in Idaho and 1,708 child abuse reports (an 11% increase from the 1,594 reports in 2001).

OUR PROGRESS – The Idaho death rate from unintentional injuries increased to 44.9 per 100,000 population in 2002 from a low of 41.3 in 2000. However, seatbelt usage increased moderately by approximately 5% between 2000 and 2002. The Public Health Districts conducted 234 seatbelt promotional events and distributed 3,335 child safety seats last year. We also participated in over 308 advocacy efforts to promote stronger seat belt legislation with community leaders versus the general public. A compromise piece of legislation was passed in the 2003 legislative session. Finally, the Public Health Districts made seven formal presentations to policy makers highlighting rising Idaho trends in child abuse and domestic violence.

OUR PLAN – The Public Health Districts will continue to monitor/communicate Idaho trends on unintentional injury mortality, motor vehicle restraint use, domestic violence, and child abuse. We will also work with community partners to increase the use of vehicle safety restraints and to decrease injury/mortality from falls and pedestrian/bicycle collisions.

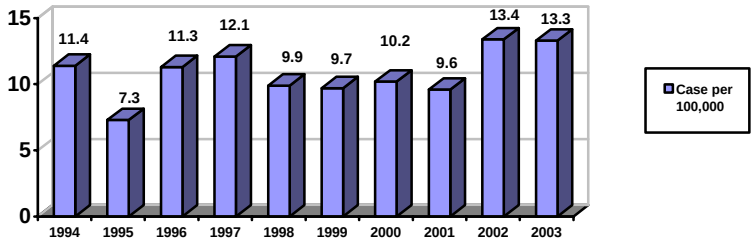
INJURY AND VIOLENCE

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
7.1 Increase use of safety belts 1998 Baseline: 59.5% (BRFSS) 2000: 60.9% 2001: 65.2% 2002: 65.3%	Inform the public through seat belt safety events throughout the State	Number of seat belt safety events *Target: 21*	206	95	234		
		Estimated number of participants *Target: 1,000*	9,382	3,602	6,894		
	Advocate for issues surrounding use of safety belts	Number of contacts with policy makers *Target: 21*	171	183	308		
7.2 Increase use of child safety seats 1998 Baseline: 87.1% (BRFSS) 2000: 75.6% 2001: 80.2% 2002: 82.7%	Distribute child car seats and educate parents about their use.	Number of child safety seats distributed *Target: 1,000*	3,197	3,718	3,335		
7.3 Increase child use of bike helmets 1998 Baseline: 24.9% (BRFSS) 2000: 29.5% 2002: NA	Fit and distribute bike helmets with instructions about their use	Number of bike helmets distributed *Target: 1,000*	2,714	1,528	1,468		
7.4 Reduce the rate of physical assault by current or former intimate partners 1998 Baseline: 5,804 (BCI) 1999: 5,457 2000: 5,750 2002: 5,917	Communicate trends in physical assault to policy makers and the public	Number of efforts *Target: 7*	6	13	2		
7.5 Reduce maltreatment and maltreatment fatalities of children 1998 Baseline: 1,426 (BCI) 1999: 1,519 2000: 1,594 2002: 1,708	Communicate trends in child abuse to policy makers and the public	Number of efforts *Target: 7*	7	17	7		

ENVIRONMENTAL HEALTH

GOAL 8 – *Promote health for all through a healthy environment*

GRAPH – Rate of Foodborne Salmonella in Idaho, 1994-2002



Idaho 1998 Baseline - 9.9 cases per 100,000
Idaho 2005 Target - 6.8 cases per 100,000
Healthy People 2010 Target - 6.8 cases per 100,000

SOURCES: Communicable Disease Summary, BCPS, DHW

THE CHALLENGE- Due to the amount of growth being experienced throughout Idaho, it is important that the environment not be compromised. The Public Health Districts work to educate the public to make wise decisions about how the land is developed and how wastes are disposed. Through Public Health District septic programs, the proper disposal of commercial and human wastes protects the public's health. Through these programs, contamination of groundwater water is decreased. This has a direct impact on decreasing the number of potential waterborne outbreaks, such as E.coli, giardiasis, and hepatitus A.

Protection of health also occurs through Public Health District programs which inspect restaurants, day care facilities, solid waste sites, public swimming pools and monitor public water systems and inspect their wells.

OUR PROGRESS- All of the Public Health Districts have strived to meet the 2010 National Objectives. The Districts have maintained a 95% inspection goal for inspections of licensed food establishments; a 99% inspection goal for the investigation of suspected water-related giardiasis; and finally, a 97% inspection goal for the inspection of public swimming pools.

OUR PLAN- Public Health District staff will continue to work to ensure that both the public's health and the environment are protected. Steps to ensure these are:

- Issue permits for and inspect septic systems
- Review all new subdivisions to ensure the land is suitable for development
- Inspect licensed food establishments
- Investigate possible waterborne and foodborne disease outbreaks
- Inspect public swimming pools

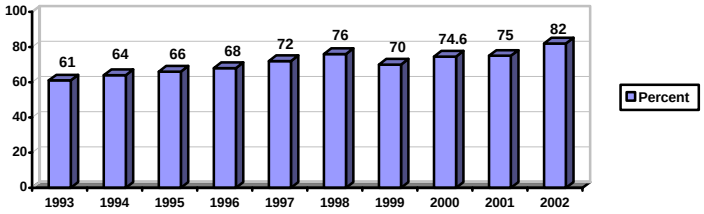
ENVIRONMENTAL HEALTH

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
8.1 Reduce infections caused by key foodborne pathogens	Inspect food establishments	Percent (and number) of food establishments inspected *Target: 100% (7,000)*	97% (7,318)	95% (7,367)	96% (7,529)		
	Ensure food establishments have trained food workers	Number of food establishment workers who completed district food training *Target: 4,000*	4,208	3,986	2,658		
1998 Baselines: Campylobacter 14.9/100,000 population *2002* = 17.8/100,000 2003 = 17.85/100,000 *E. coli* O157:H7 3.5/100,000 population 2002 = 4.7/100,000 2003 = 7.4/100,000 Salmonella 9.9/100,000 population 2002 = 13.4/100,000 2003 = 13.25/100,000 Hepatitis A 11.3/100,000 population 2002 = 2.9/100,000 2003 = 1.31/100,000	Provide on-site follow-up inspections in food establishments where warranted (excess critical item violations)	Percent (and number) of food establishments requiring on-site follow-up *Target: 5% (350)*	10% (723)	8% (568)	7% (656)		
		Percent (and number) of high-risk food establishments with greater than 3 critical item violations *Target: 5% (143)*	15% (426)	12% (387)	12% (333)		
	Investigate possible cases of campylobacter, E. coli, Salmonella, and hepatitis A	Percent (and number) of cases investigated for: campylobacter E. coli salmonella hepatitis A *Target: 100 %*	100% (250) 100% (82) 100% (135) 100% (50)	100% (235) 100% (62) 100% (177) 100% (38)	93% (244) 100% (101) 96% (181) 100% (18)		
8.2 Reduce waterborne disease outbreaks	Test wells (mortgages) for presence of coliform bacteria	Of wells tested, percent positive for bacteria *Target: <20%*	12%	15%	11%		
	Investigate possible exposures to water-related diseases	Percent (and number) of investigations *Target: 100% (70)*	100% (155)	100% (52)	100% (71)		
Giardiasis 2002 = 10.8/100,00 population	Investigate possible cases of giardiasis	Percent (and number) of reported cases investigated *Target: 100% (176)*	99% (175)	99% (142)	97% (203)		
	Inspect public swimming pools	Percent (and number) of public swimming pools inspected *Target:* 100% (350)	100% (350)	100% (131)	96% (105)		
	Issue septic system permits	Number of septic system permits issued *Target:* 5,000	5,510	5,609	5,843		
	Survey Public Water systems (PWS)	Percent (and number) of PWS surveyed *Target: 20%*	17% (218)	20% (244)	19% (230)		

IMMUNIZATION

GOAL 9 - *Reduce or eliminate vaccine-preventable disease*

GRAPH- Percent of Children Age 2 Years Who Are Fully Immunized (1993-2002)



Idaho 1998 Baseline- 76% of children age 2 years
Idaho 2005 Target- 95% of children age 2 years
Healthy People 2010 Target- 80% of children aged 19 through 35 months

SOURCES: National Immunization Survey, NCHS, CDC

THE CHALLENGE – Vaccines protect more than the vaccinated individual – they also protect society. When people, who cannot be vaccinated, live among vaccinated persons, they are protected from exposure ("herd" immunity).

Idaho's voluntary central immunization registry (IRIS) helps move Idaho toward its 2005 goal for children, aged two years, to be fully immunized. Registries are valuable tools for boosting immunization rates. They help parents and physicians to identify immunization needs of individual children, assess coverage in individual practices, and generate community-wide estimates.

Recommended immunizations for adults, aged 65 years and older, include a yearly immunization against influenza (the flu shot) and immunizations against pneumococcal disease (pneumonia). Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and persons at increased risk for complications due to other factors or medical conditions.

OUR PROGRESS – Several of the 2005 goals for the Immunization Program were met by 2003. The Public Health Districts exceeded the 2005 goals for number of adult immunizations for both influenza and pneumonia given. The goal for providers recruited for IRIS participation was exceeded. At 82%, the up-to-date immunization status of Public Health District children fell one percentage point in its approach to the 2005 goal of 90%. Eighty-nine percent (89%) of the childcare facilities sampled in 2003 had immunization records for children compared to 64% in 1998.

OUR PLAN – The Public Health District staff will continue to immunize children and adults for vaccine-preventable diseases at Public Health District clinics and other locations. We will assure that childcare facilities maintain current immunization records for each child. Also, we will continue to work with the State Immunization Program central immunization registry (IRIS) toward its success. The Public Health Districts will encourage clients to register their children and local physicians to participate in IRIS.

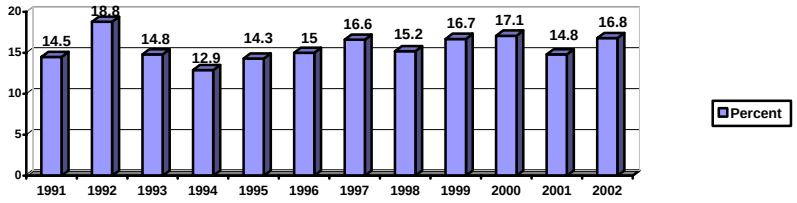
IMMUNIZATION

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress				
			01	02	03	04	05
9.1 Increase the percent of young children who receive all vaccines that have been recommended for universal administration 1998 Baseline: 76% (CDC) 2000 Idaho: 74.6% 2001 Idaho: 70.2% 2002 Idaho: 82.2%	Provide appropriate immunization to clients (birth to age 2 years)	Number (and percent) of Public Health District clients age 24 months whose immunization status for 4:3:1 is up to date *Target: 90% by 2005*	2,517 (83%)	3,079 (83%)	4,350 (82%)		
	Provide appropriate immunization to WIC children (birth to age 2 years)	Number (and percent) of WIC children age 24 months whose immunization status for 4:3:1 is up to date *Target: 90% by 2005*	2,686 (84%)	2,559 (80%)	4,856 (82.5%)		
9.2 Maintain vaccination coverage levels for children in childcare facilities 1998 Baseline: 64% of childcare facilities inspected with current immunization record for each child (PHD) 2001: 71%	Ensure that inspected childcare facilities maintain immunization records	Number (and percent) of childcare facilities maintaining immunization records *Target: 80% (1,500)*	1,623 (71%)	2,634 (89%)	2,883 (89%)		
9.3 Increase the number (and percent) of children under age 6 who participate in fully-operational population-based immunization registries 2001 Baseline: 30,728 (State Immunization Program)	Encourage public to participate in registry	Number (and percent) of children under age 6 who participate in population-based immunization registry *Target: 80%*	30,728	74,963	83,176		
	Encourage providers to participate in registry	Number (and percent) of providers participating in IRIS *Target: 80%*	79	117 (51%)	157 (66.6%)		
9.4 Increase the percent of adults who are vaccinated annually against influenza and ever vaccinated against pneumonia 1997 Baseline: 30% had influenza shots within past 12 months; 18.6% vaccinated against pneumonia (BRFSS) 1999: 32.1% had influenza shots within the past 12 months; 18.4% vaccinated against pneumonia 2001: 29.4% had influenza shots within the past 12 months; 22.9% vaccinated against pneumonia 2002: 28.9% had influenza shots within the past 12 months; 21.1% vaccinated against pneumonia	Provide vaccinations against influenza	Number of influenza vaccine doses given *Target: 20,000*	28,111	37,786	49,644		
	Provide vaccinations against pneumonia	Number of pneumococcal doses given *Target: 800*	880	928	1,001		

ACCESS TO HEALTH CARE

GOAL 10 – *Improve access to comprehensive, high-quality health care services*

GRAPH – Idaho Adults Who Do NOT Have Health Care Coverage (1991-2002)



Idaho 1998 Baseline - 15.2% of Idaho adults do not have health care coverage
Idaho 2005 Target – less than 10% of Idaho adults do not have health care coverage
Healthy People 2010 Target - 0% were not covered by health insurance

SOURCES: Idaho Behavioral Risk Factor Surveillance System, BHPVS, DHW

THE CHALLENGE – Access to quality care is important to increase the quality and years of healthy life for all Americans and to eliminate health disparities among different ethnic and socioeconomic groups.

Access to health services often depends on whether a person is insured. In 2002, 16.8% of Idaho adults did not have health insurance coverage. This percentage has remained relatively stable over the past 10 years. The number of uninsured children in Idaho is 13.1%.[1]

Some people with insurance (Medicaid insurance, in particular) are also denied access to care because insurance reimbursements to health care providers are unacceptably low. This problem especially impacts our most vulnerable populations – the elderly, pregnant women, and children. Medicaid's low reimbursement rates provide serious obstacles to their obtaining cost-effective preventive services such as first trimester care or early and regular dental care.

OUR PROGRESS – The Public Health Districts strive to assure that referrals are made to area providers for early and adequate prenatal care. During the last year, 1,815 women received positive pregnancy tests in Public Health District clinics. All of these women were referred for health care.

The Public Health Districts screened 19,413 women for cervical cancer through our Reproductive Health and Women's Health Check (WHC) programs. WHC also provided 1,771 women with breast cancer screening through mammography.

Public Health District staff collaborate with local schools to provide a fluoride mouth rinse program for school age children. Last year, 33,276 Idaho children were enrolled in this fluoride mouth rinse program. Public Health Districts facilitate oral health screenings every three years for second and third grade students. The next statewide screening will take place during the 2004-2005 school year.

Health District programs will continue to address these priority areas: access to care for pregnant women, breast and cervical cancer screening for women, and dental care and screening for children.

OUR PLAN – The Public Health Districts will work to assure access to care in Idaho. We will refer pregnant women to area providers so they can receive early and adequate prenatal care. Early and adequate prenatal care can help reduce infant mortality and abnormalities, areas of special concern in Idaho. We will provide pap tests and mammograms through Public Health District programs. Early detection of cervical and breast cancers is important for the health and survival of the client. Finally, we will survey the teeth of school-age children and encourage participation in school fluoride programs. Oral health is very important to the overall physical health and self-esteem of children.

[1] Kaiser Commission on Medicaid and the Uninsured, Health Insurance Coverage in America, 2002 Data update, December 2003

ACCESS TO HEALTH CARE

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress 01	02	03	04	05
10.1 Increase the percent of pregnant women who receive prenatal care in the first trimester 1998 Baseline: 78.7% (IVSS) 2000: 80.9% 2001: 81.9% 2002: 82.1%	Test women for pregnancy and provide referral services for those who are pregnant	Number of positive tests *Target: 2,100* Percent of those who test positive who are referred *Target: 100%*	2,446 97%	1,980 100%	1,815 100%		
10.2Increase the percent of women aged 18 years and older who received a pap test within the preceding 3 years 1998 Baseline: 82.5% (BFRSS) 2000: 83% 2001: 83% 2002: 83.4%	Provide pap smears to women in the Public Health District clinics	Number of pap smears provided *Target: 20,000*	21,472	20,468	19,413		
10.3Increase the percent of women aged 40 years and older who have received a mammogram within the preceding 2 years 1998 Baseline: 59.5% (BRFSS) 2000: 60% 2001: 59.1% 2002: 59.7%	Provide mammograms through Women's Health Check	Number of mammograms provided *Target: 1,000*	2,140	1,746	1,771		
10.4 Reduce the percent of children who have dental caries either in their primary or permanent teeth 1997 Baseline: 59.9% of 2nd graders had dental caries (BHP) 2000-2001: 64.1%	Encourage participation of children in school fluoride programs Survey school-age children for decayed, missing, or filled teeth	Number of children who participate *Target: 20,000* Number of children surveyed *Target: 6,000* Percent with decayed, missing or filled teeth *Target: 50%*	28,804 6,414 65%	34,226 Not Available Not Available	33,276 Not Available Not Available		

PUBLIC HEALTH INFRASTRUCTURE

GOAL 11 – *Ensure that Idaho's Public Health Districts have the infrastructure to provide essential public health services effectively*

THE CHALLENGE – All public health services – childhood immunizations, infectious disease monitoring, drinking water quality, disaster response, and others – depend on the presence of a strong statewide infrastructure. A strong infrastructure also provides the capacity to prepare for and respond to threats to Idaho's health, such as increases in injury rates, emerging infections, outbreaks of disease, or bioterrorism attacks.

Infrastructure has several components, among them a highly competent workforce, the electronic information systems, and the physical plant. The workforce must have up-to-date knowledge, skills, and abilities to meet the essential services of public health. Electronic information systems must be current and have the capacity to link effectively and quickly with local health providers, other Public Health Districts, state and federal health agencies, and other emergency responders. Finally, the Public Health Districts must continually upgrade their buildings and equipment to support efficient and secure services.

OUR PROGRESS –The Idaho Department of Health and Welfare, Division of Health, and the Public Health Districts completed local and state training plans to improve emergency response and bioterrorism competencies. Additional Public Health Preparedness funds allowed each health district to hire a workforce development specialist. This person is carrying out the training plans this year.

The senior management staff (69) of the Division of Health and Public Health Districts attended a week-long session on strategic planning, accountability, essential services, and public health law. Four district senior managers applied and were selected to participate in the first Northwest Public Health Leadership Institute. An automated curriculum for Public Health 101 was completed, and staff (15) from each Public Health District were trained on its use. It is currently being field tested and evaluated. Three health districts are teaming up to pilot implementation of core public health competencies. An assessment and training plan addressing these competencies will be completed over the summer.

A web-based Health Alert Network linking the districts, state, federal agencies, other health care providers, and other emergency responders went live in April. This centralized system will quickly alert key health care providers and emergency response personnel to public health situations that may require immediate attention or increased vigilance using e-mail and fax. The Bureau of Hazardous Materials purchased four mobile radios for each district. These will be used for public health emergencies. As part of Public Health Preparedness planning, each district has identified sites for disaster recovery, both for information technology and facilities.

OUR PLAN – The Public Health Districts will continue workforce development plans in collaboration with the Idaho Department of Health and Welfare and the Northwest Center for Public Health Practice, University of Washington. The results of the assessment of workforce training needs for core public health competencies will be used to develop a second phase of training plans at both the state and local level. An automated learning management system will be implemented during the year to deliver, monitor, and test learning for Public Health District staff. PH 101 will be delivered though this system. Three more Idaho public health leaders will participate in the Northwest Public Health Leadership Institute.

The Public Health Districts will continue to update their information technology to work more rapidly, efficiently, securely, and with redundancy in the event of a disaster. The Public Health Districts will also upgrade physical plants, as budgets allow.

PUBLIC HEALTH INFRASTRUCTURE

2010 National Objectives	Public Health District Strategies	Measures/Targets	Progress				
			01	02	03	04	05
11.1 Provide continuing education to develop competency in essential public health services	Conduct assessment and develop plans for local training needs of public health workers	Number of plans developed *Target: 8*	1 State Plan; 7 District Plans	1 Assessment Completed	8 Emergency Preparedness Plans		
	Develop continuing education offerings	Number of offerings *Target: 7*	3	6	3		
	Complete Public Health 101 curriculum and train facilitators	Number of organizations providing basic public health training *Target: 8*	Not Available	Not Available	8		
	Train staff in core functions and essential services	Number of staff receiving training *Target: 160*	199	133	76		
11.2 Upgrade technological capabilities of Public Health Districts to improve ability to respond to public health needs	Develop a plan to ensure that 90% of population is covered by Health Alert Network	Number of districts with plans developed *Target: 7*	7 by `02	7	Completed		
	Ensure a communication system that provides 24/7 flow of information	Number of districts that have obtained mobile radios and identified disaster recovery sites *Target: 7*	7 by `02	1	7 Completed		
		Number of districts that have developed a document to assure standard electronic exchange of information. *Target: 7*	7	Addressed	Addressed		

Appendix A - Directors and Boards of Health for Idaho's Public Health Districts

Districts/Directors	Members of Local Boards of Health	
1. Panhandle Health District Jeanne Bock, *Director* 2195 Ironwood Court Coeur d'Alene, ID 83814 (208) 667-3481	Marlow Thompson, *Chair* Chris Beck, *Trustee* Allen R. Banks, Ph.D. Sharon Connors Dan Dinning	Richard McLandress, M.D. Dale Van Stone
2. North Central District Health Carol Moehrle, *Director* 215 10th Street Lewiston, ID 83501 (208) 799-3100	Gary Morris, *Chair & Trustee* George Enneking Shirley Greene Ric Hood William Mannschreck, M.D.	Laurine Nightingale Larry Vincent
3. Southwest District Health Eugene Gunderson, *Director* 920 Main Street Caldwell, ID 83605 (208) 344-5300	Arnold Howard, *Chair & Trustee* William "Bill" Brown Pat Galvin Richard T. Roberge, M.D. Newton States	Franklin D. Stirm Barbie VanderBoegh
4. Central District Health Kathy Holley, *Director* 707 N. Armstrong Place Boise, ID 83704 (208) 375-5211	John Dyer, *Chair* Steven F. Scanlin, J.D., *Trustee* Martin Gabica, M.D. Bill Wheeler, R.Ph. Jane Young, RN, MSN, CRNP	Betty Ann Nettleton, RN Mary Egusquiza-Stanek
5. South Central District Health Cheryl Juntunen, *Director* 1020 Washington Street North Twin Falls, ID 83301 (208) 734-5900	Dr. Donald G. Bard, *Chair* Marvin Hempleman, *Trustee* Sarah Michael Marypat Fields Shirley Danner	Everett L. "Buck Ward Linda Montgomery Donald Billings
6. Southeastern District Health Edward A. Marugg, *Director* 1901 Alvin Ricken Drive Pocatello, ID 83201 (208) 233-9080	O. Ray Cutler, *Chair &Trustee* Carolyn Meline Keith Martindale Wayne T. Brower Sheryl Haralson	Wm. Bart Conlin Jerry Bush Raymond Zimmerman
7. District Seven Health Department Richard Horne, *Director* 254 E. Street Idaho Falls, ID 83402 (208) 522-0130	Brooke Passey, *Chair & Trustee* Darwin W. Casper Dave Radford Robert E. Cope Mark Trupp	Lin Hintze Greg Shenton Donald Trupp

Appendix B – Abbreviations and Definitions

Abbreviations	
BCI	Bureau of Crime Investigations, Idaho State Police
BCPS	Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare
BHP	Bureau of Health Promotion
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System, Idaho Department of Health and Welfare
BHPVS	Bureau of Health Policy and Vital Statistics, Idaho Department of Health and Welfare
CDC	Centers for Disease Control and Prevention
DHW	Idaho Department of Health and Welfare
DtaP	Diphtheria-Tetanus-Pertussis vaccine
Hib	Haemophilus influenzae Type B vaccine
IVSS	Idaho Vital Statistics System
MMR	Measles, Mumps and Rubella vaccine
NCHS	National Center for Health Statistics
NCID	National Center for Infectious Diseases
PHD	Public Health Districts of Idaho
SAMHSA	Substance Abuse and Mental Health Services Administration
VFC	Vaccines for Children
YRBS	Youth Risk Behavior Survey, Idaho Department of Health and Welfare
Definitions	
Prevalence	The number of cases at one point in time
Incidence	The number of *new* cases that occur within a period of time, usually a year

Idaho Public Health Districts
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